

SERFF Tracking Number: FEMC-125554911 State: Arkansas  
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: F-GL-08-13  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability  
Project Name/Number: CG-F-100/F-GL-08-13

## Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company  
Product Name: Commercial General Liability SERFF Tr Num: FEMC-125554911 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence  
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: F-GL-08-13 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Joni Borchert Disposition Date: 03/19/2008  
Date Submitted: 03/18/2008 Disposition Status: Approved  
Effective Date Requested (New): Effective Date (New):  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: CG-F-100 Status of Filing in Domicile: Authorized  
Project Number: F-GL-08-13 Domicile Status Comments: MN is no file for commercial lines.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/19/2008  
State Status Changed: 03/19/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
We wish to implement this filing for all policies written on or after 6-1-2008, or within 90 days of your approval.

## Company and Contact

### Filing Contact Information

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Joni Borchert, Property and Casualty Product jbborchert@fedins.com  
Specialist

121 East Park Square (800) 533-0472 [Phone]  
Owatonna, MN 55060 (507) 444-6691[FAX]

**Filing Company Information**

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota  
121 East Park Square Group Code: 7 Company Type:  
PO Box 328  
Owatonna, MN 55060 Group Name: State ID Number:  
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460  
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Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota  
121 East Park Square Group Code: 7 Company Type:  
PO Box 328  
Owatonna, MN 55060 Group Name: State ID Number:  
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	03/18/2008	18759462
Federated Service Insurance Company	\$0.00	03/18/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/19/2008	03/19/2008

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## Disposition

Disposition Date: 03/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Company Tracking Number: F-GL-08-13

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: CG-F-100/F-GL-08-13

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXPLANATORY MEMORANDUM	Approved	Yes
Supporting Document	PC FFS-1	Approved	Yes
Form	Contractual Liability Limitation – Designated Products	Approved	Yes

SERFF Tracking Number: FEMC-125554911 State: Arkansas

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Product Name: Commercial General Liability

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Contractual Liability Limitation – Designated Products	CG-F-100	(12-07)	Endorsement/Amendment/Conditions		0.00	CG-F-100 (12-07).pdf

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONTRACTUAL LIABILITY LIMITATION - DESIGNATED PRODUCTS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The definition of "insured contract" in the DEFINITIONS Section is replaced by the following:

"Insured contract" means:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- b. A sidetrack agreement;
- c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement;

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;
- (2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
  - (a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - (b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or
- (3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities; or
- (4) Under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization included in the "products-completed operations hazard" and arising out of any of "your products" shown in the **Designated Product(s):** Schedule of endorsement CG 21 33, Exclusion - Designated Products.

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<i>SERFF Tracking Number:</i>	<i>FEMC-125554911</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>F-GL-08-13</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability</i>		
<i>Project Name/Number:</i>	<i>CG-F-100/F-GL-08-13</i>		

## Rate Information

Rate data does NOT apply to filing.

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Product Name: Commercial General Liability  
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## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	Approved	03/19/2008

**Comments:**

**Attachment:**

pc td-1.pdf

	Review Status:	
<b>Satisfied -Name:</b> COVER LETTER	Approved	03/19/2008

**Comments:**

**Attachment:**

Cover Letter.pdf

	Review Status:	
<b>Satisfied -Name:</b> EXPLANATORY MEMORANDUM	Approved	03/19/2008

**Comments:**

**Attachment:**

EXPLANATORY MEMORANDUM.pdf

	Review Status:	
<b>Satisfied -Name:</b> PC FFS-1	Approved	03/19/2008

**Comments:**

**Attachment:**

pc-ffs1.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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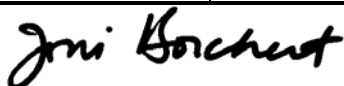
<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Federated Insurance Companies	007

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
	Federated Mutual Insurance Company	MN	007-13935	41-0417460
	Federated Service Insurance Company	MN	007-28304	41-0984698

<b>5.</b>	<b>Company Tracking Number</b>	<b>F-GL-08-13</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Joni Borchert

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	Commercial General Liability
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title</b> (Marketing title)	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 6-1-08      Renewal: 6-1-08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	3-18-2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> MN is no file for commercial lines

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F-GL-08-13
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] See Explanatory Memorandum
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<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>    EFT  <b>Amount:</b>    \$50.00         </div> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



March 18, 2008

Arkansas

FEDERATED MUTUAL INSURANCE COMPANY  
FEDERATED SERVICE INSURANCE COMPANY

**COMMERCIAL GENERAL LIABILITY**

- New Federated Endorsement CG-F-100, Contractual Liability Limitation-Designated Products

Federated File Number: F-GL-08-13

We file for your approval the above listed filing. Please see the explanatory memorandum for further details.

We wish to implement this filing for all policies written on or after 6-1-2008, or within 90 days of your approval.

We trust this filing meets your requirements, and we appreciate your consideration of our filing.

Thank you.

## EXPLANATORY MEMORANDUM

Endorsement CG 21 33, Exclusion-Designated Products, may be added to a risk to exclude a specific product or products of the named insured to which no products liability coverage will apply. It is not our intent to provide contractual liability coverage for these products that have been excluded.

Accordingly, we are introducing a new Federated endorsement **CG-F-100, Contractual Liability Limitation - Designated Products**. This endorsement excludes coverage provided under item f. of the “Insured contract” definition in CG 00 01, but only for that part of any contract or agreement under which the insured assumes the tort liability of another party to pay for “bodily injury” or “property damage” to a third person or organization included in the “products-completed operations hazard” **and** arising out of any of “your products” shown on endorsement CG 21 33.

Essentially, we are not providing contractual liability coverage under item f. of the CGL’s “insured contract” definition for any product excluded on endorsement CG 21 33.

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		F-GL-08-13		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		NA		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Contractual Liability Limitation – Designated Products	CG-F-100 (12-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



